

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|----------------------------|
| TO <i>Mells</i> | DATE <i>1-17-07</i> |
|--------------------|----------------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|--|------------------|--|
| 1. LOG NUMBER <i>000466</i> | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-25-07</i> | | |
| 2. DATE SIGNED BY DIRECTOR <i>Dr. Bealing, Rics</i> <i>Per William on 1/18/07</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | | |

| APPROVALS (only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. <i>Cleared on 2/9/07, letter attached.</i> | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-----------------------------|------------------------|
| TO <i>Wells / Cannon</i> | DATE <i>1-17-07</i> |
|-----------------------------|------------------------|

| | |
|--|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>000466</i> | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-25-07</i> |
| 2. DATE SIGNED BY DIRECTOR <i>Lee Beutling, Jr.</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

J. GRESHAM BARRETT
THIRD DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

HOUSE COMMITTEES:

BUDGET
FINANCIAL SERVICES
INTERNATIONAL RELATIONS

WASHINGTON OFFICE:

1523 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5301
FAX: (202) 225-3216

DISTRICT OFFICES

AIKEN:
233 PENDLETON STREET, NW
AIKEN, SC 29801
(803) 648-5571
FAX: (803) 648-9038

ANDERSON:
P.O. BOX 4126

ANDERSON, SC 29622
(864) 224-7401
FAX: (864) 225-7049

GREENWOOD:

115 ENTERPRISE COURT, SUITE B
GREENWOOD, SC 29648
(864) 223-8251
FAX: (864) 223-1679

Congress of the United States
House of Representatives

Washington, DC 20515-4003

January 12, 2007

RECEIVED

JAN 16 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
Department of Health and Human Services
P O Box 8206
Columbia, South Carolina 29202


Dear Mr. Kerr:

RE: Michael Johnson on behalf of father: S. Conway Johnson
250-10-6396

In an effort to be of service to the above named constituent, I am forwarding the enclosed correspondence for your review and the consideration it may warrant.
I would appreciate your having the appropriate staff member review the expressed concerns and provide me with the necessary information for response.

Thank you for your attention to this matter.

Sincerely,


J. Gresham Barrett
Member of Congress

JGB:pc
Enclosure(s)

Logi Wells
dir. sign

PLEASE RESPOND TO:

☐ AIKEN OFFICE

☒ ANDERSON OFFICE

☐ GREENWOOD OFFICE

DEC 14 2006

09 00:00 AM BARRETT

NO. 517 2 1/1

F.01

Congress of the United States
The Honorable J. Gresham Barrett
U. S. House of Representatives



AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the Office of Congressman Gresham Barrett information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974. I understand that any documents I provide to Congressman Barrett or his staff may be copied and forwarded to officials of the agency for review.

Name: S. Conway Johnson Cell: Mike Johnson, SON
Address: See Package Deepred off Phone: 864-683-7000
Home: 864-677-2180

City: _____ State: _____ Zip Code: _____
Social Security Number: See Package

Vet. Number (if applicable): _____ Other: _____

Please describe the problems that you are experiencing and explain exactly what you would like Congressman Barrett to do on your behalf. Without this information, it will be impossible for Congressman Barrett to adequately assist you. Enclosing copies of the correspondence you received from this agency may be helpful. (You may attach sheets at the back of this form, if additional space is needed.)

PLEASE REVIEW PACKAGE DEEPRED
off AT YOUR OFFICE MY DAD NEEDS SKILLED CARE.
HIS DOCTOR SAYS HE NEEDS SKILLED CARE.
HE WAS AT NATHAN TREAKS AND WAS IN SKILLED CARE
HE WAS TAKEN OUT OF HIS MEDICINE TUNED BED
ANY QUESTIONS, CALL 864-683-7000
I also understand that this inquiry may not conclude in my best interest. I sign this form in good conscience and without mental reservations.

Signed: [Signature] Date: 12-15-06

Note: Those requesting assistance from Congressman Barrett should note that if they are represented by an attorney, the attorney should be advised that you have contacted our office.

Please return form to:
Congressman J. Gresham Barrett
315 S. McDuffie Street, P. O. Box 4126
Anderson South Carolina 29625

Fax To:
864-225-7049

Michael C. Johnson
P.O. Box 115
Waterloo, SC 29384

ANN HELD
APPEALED

Division of Appeals and Fair Hearings
Department of Health and Human Services

THANKS!

P.O. Box 8206
Columbia, SC 29202-8206

June 26, 2006

Re: Simeon Conway Johnson

To Whom it May Concern:

I am requesting an appeal of the decision made regarding my father, S. Conway Johnson. He is a resident of the Martha Franks Baptist Retirement Center in Laurens, SC and resides in the skilled nursing unit.

His physician, Dr. Mel Patterson, as well as the facility's Directory of Nursing, Ms. Barbara Bedenbaugh, feel it is in the best interest of my father's health, safety and welfare, to remain there. He requires the close nursing care due to his complex medical conditions. My father, who is over 85 years of age, cannot take care of himself, and we feel that he is being discriminated against.

My father has required skilled care since he fell and suffered a subdural hematoma in 1998. A large portion of his skull was removed during a second and third cranial operation, and this area is not covered by any plating or protection. If he should suffer a fall affecting his head, he most likely would not survive it. According to his physician, this is just one of the many health and safety issues that require close, hourly care.

Mike Johnson
864-677-2180-H
864-683-7800-C

If any additional information is needed, you can contact his physician, Dr. Mel Patterson at 864-984-0571. Ms. Barbara Bedenbaugh can be contacted at 864-681-8254.

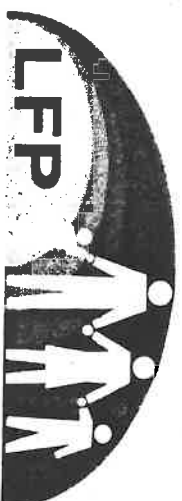
Thank you for reviewing my father's case.

Sincerely,

Michael C. Johnson
864-677-2180 - Home
MikeJ@comuntld.com

864-683-7000 - Cell

CC:
Dr. Mel Patterson
Ms. Barbara Bedenbaugh



Laurens Family Practice, P.A.

106 Parkview Drive • Laurens, South Carolina 29360
Telephone (864) 984-0571 • Fax (864) 984-3610
9100 Hwy 14 • Gray Court, South Carolina 29645
Telephone (864) 876-4888 • Fax (864) 876-4900

May 2, 2006

Re: JOHNSON, CONWAY

To Whom It May Concern:

Mr. Johnson is a patient of mine who has been in the Martha Franks Baptist Retirement Center under skilled care for many years. He was admitted initially to the Martha Franks Baptist Retirement Center because of severe head problem related secondary to his subdural hematoma. He developed postoperative MRSA infection and it took many, many months for this to heal. He still has an open area on the top of his skull which is only protected by a thin layer of skin. The patient continues to have difficulty with walking. It is noted that some days he does well, but the majority of days he has to have assistance in walking and doing his daily living skills. He can feed himself, but he has difficulty dressing, difficulty walking and difficulty toileting. He is currently under the care of the nursing center, and there is a request by DHEC that he be moved to assisted living. I do not feel that his interests would be best served in assisted living. He continues to be a very sick man which we will continue to monitor closely. He is being treated and I feel would be best served by continuing his skilled care under his current conditions at the Martha Franks Baptist Retirement Center.

Sincerely,

Melmoth S. Patterson, M.D.
MSP/DTItr 234.292

Mel S. Patterson, M.D.
Christopher T. Nelson, M.D.
Diane Stribling, CFNP

Michael R. Meeks, M.D.
Javier E. Carles, M.D.

H. Byron Parker, M.D.
Paul D. Moore, M.D.

William F. Childers, M.D.
Kristi L. Beeleer, CFNP
Tori Tapper, Office Manager

JOHNSON, SIMEON

#36260

06/01/06

234.698

The patient was discussed today with Dr. Umer in Columbia, South Carolina. It is felt by me this gentleman needs to continue his skilled nursing care at the Martha Franks Center. I have notified them of the same. that it is primarily due to his risk of falls. His neurological deficit is secondary to his brain lesion. He also has had major difficulty with memory loss, falls, weakness and malaise and ambulation. He is at high risk to go anywhere other than a skilled nursing care. We have requested long-term care.

Melmoth S. Patterson, M.D.

MSP/DTW

SOUTH CAROLINA COMMUNITY LONG TERM CARE
LEVEL OF CARE CERTIFICATION LETTER
FOR
MEDICAID-SPONSORED NURSING HOME CARE

NAME: S. Conway Johnson COUNTY OF RESIDENCE: DeWhee
SOCIAL SECURITY #: 250-10-6394 MEDICAID #: 5780114774

LOCATION AT ASSESSMENT: Matha Franks Baptist Retirement Center

South Carolina Community Long Term Care has evaluated your application and has determined that:

☒ According to Medicaid criteria, you do not meet requirements for skilled or intermediate care. This does not mean that you do not need personal or other medical care, and does not mean that you cannot be admitted to a long term care facility. It does mean that the Medicaid program will not be responsible to pay for your care in a long term care facility. Please do not hesitate to contact this office if there is a change in your health status or you become more limited in your ability to care for yourself.

☐ According to Medicaid criteria, you meet the requirements to receive long term care at the following level:

☐ SKILLED ☐ INTERMEDIATE

This Certification Letter is not an approval for financial eligibility for Medicaid. You must establish financial eligibility with the County Department of Social Services.

This letter must be presented to the long term care facility to which you are admitted. IF YOU HAVE NOT ENTERED A FACILITY BY THE EXPIRATION DATE BELOW, YOU MUST CONTACT THE CLTC OFFICE AT _____ TO REAPPLY.
Telephone No. _____

If you change locations from where your assessment was made (i.e., hospital to home) your assessment must be updated and a new effective period established.

Medicaid certification is automatically cancelled when a client enters a facility with a payment source other than Medicaid; you must again be certified before a Medicaid conversion will be allowed.

☐ ADMINISTRATIVE DAYS ☐ SUBACUTE CARE

☐ If the location of care is hospital, your assessment must be re-evaluated and a new effective period established PRIOR TO TRANSFER TO A LONG TERM CARE FACILITY.

FOR LONG TERM CARE FACILITY USE

☐ TIME-LIMITED CERTIFICATION. LTC FACILITY STAFF MUST SUBMIT AN ASSESSMENT AT LEAST FIVE WORKING DAYS BEFORE THE EXPIRATION DATE DUE. (See Expiration Date Below)

☐ THIS CLIENT HAS BEEN RECEIVING HOME AND COMMUNITY-BASED SERVICES FROM CLTC. CONTACT THE DSS OFFICE IN THE CLIENT'S COUNTY OF RESIDENCE TO DETERMINE IF THE 30 CONSECUTIVE DAYS REQUIREMENT HAS BEEN MET.

Effective Date: _____ Expiration Date: _____

Nurse Consultant Signature: Signy M. Johnson Date: 6-14-06

☐ CLIENT ☒ CO. DSS ☒ LTC FACILITY ☐ PHYSICIAN ☐ HOSPITAL ☒ OTHER Micheal Johnson

SENT: Date: 6/14/06 Initials: MA PO Box 115

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

January 17, 2007

JAN 17 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Memorandum

To: Jan Polatty
Administrative Coordinator
Office of Medicaid Eligibility and Beneficiary Services

From: Vastine G. Crouch *VGC*
Division of Appeals

Subject: Simeon Conway Johnson

As per your request, please find attached copy of Mr. Johnson's son's correspondence of August 31, 2006, and my reply of September 18, 2006.

It should be noted that Mr. Michael Johnson's August 31st appeal request was submitted after he telephoned our offices on August 30th to advise that he would be unable to attend his father's hearing. I advised him at that time that the hearing had been on August 25th and an Order of Dismissal had already been issued due to failure to appear. Mr. Michael Johnson stated at that time that it was a failure on his part to keep up with the date. I explained that there was nothing I could do since our file contained a certified card verifying his receipt of the notice and the matter had already been dismissed, particularly in light of his admission of neglect.

After receiving Mr. Michael Johnson's August 31st correspondence, I telephoned him twice to discuss what action of the agency he was appealing. When I finally spoke to him, he explained that CLTC had assessed his father on several occasions and issued denial notices. He stated that his representative had advised him to appeal ever decision the agency rendered. I asked about the dates of these decisions, and he indicated they all predated the filing of his first letter of appeal. At this point I remembered speaking to CLTC staff at the time of his first appeal request. I was told that at Mr. Michael Johnson's and his legislator's request, CLTC staff had made several (I believe three) follow-up visits to confirm their original decision that his father did not qualify. (Apparently they issued denial notices with each follow-up visit.) I then told Mr. Michael Johnson that since these decisions were issued prior to his original appeal request and prior to his original hearing date, I would not entertain a new appeal request. Mr. Johnson was not pleased with my decision and continued to insist that he wished to exercise his right to appeal. I finally ended the conversation by telling him I would reduce our conversation to writing, hence the September 18th letter.

I have had no further communications from anyone regarding Mr. Simeon Conway Johnson.

Michael C. Johnson
P.O. Box 115
Waterloo, SC 29384

Division of Appeals and Fair Hearings
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

August 31, 2006

Re: Simeon Conway Johnson

To Whom it May Concern:

I am requesting an appeal of the decision made regarding my father, S. Conway Johnson, that states that he does not meet requirements for skilled or intermediate nursing care.

He is a resident of the Martha Franks Baptist Retirement Center in Laurens, SC and has resided in the skilled nursing unit since 1998. He was recently made to move to an assisted living apartment, and it is very evident that this environment is not meeting his needs.

His physician, Dr. Mel Patterson, feels it is in the best interest of my father's health, safety and welfare, to be placed back in the skilled nursing unit. According to Dr. Patterson, there are many health and safety issues, along with his complex medical conditions, that require close, hourly nursing care. He is also now completely wheelchair bound, incontinent, and requires help with bathing and using the toilet.

My father, who is over 85 years of age, cannot take care of himself, and we feel that he is being discriminated against. As we have previously related to your organization, my father has required skilled care since he fell and suffered a



9/8
Capt VPM
Meawgc
9/14

subdural hematoma in 1998. If there had been any way previously, since that time to the present, to have had him go back to a normal living condition in his own home, or with assisted living, please believe us, we would have done so.

Our family has no idea how to appeal this decision. We hope that you can provide a case manager, attorney, or someone qualified to represent us, as we are just common folk. If you can't provide some help, what is the purpose of an appeal?

If any additional information is needed, you can contact his physician, Dr. Mel Patterson at 864-984-0571.

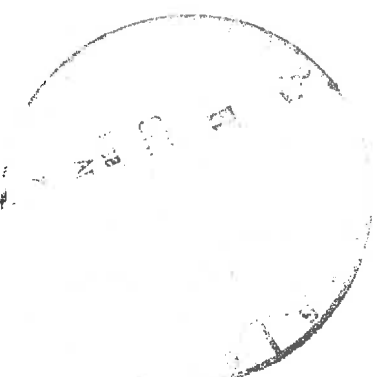
Thank you for reviewing my father's case.

Sincerely,

Michael C. Johnson

Michael C. Johnson
864-677-2180

MikeJ@comuntld.com



CC:

Dr. Mel Patterson



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 18, 2006

CERTIFIED MAIL

Michael C. Johnson
Post Office Box 115
Waterloo, South Carolina 29384

RE: Appeal Matter of Simeon Conway Johnson v. SCDHHS
Appeals Case #00-0-169

Dear Mr. Johnson:

I am writing to you as I said I would to follow-up on our telephone conversation of Friday, September 15th. Based on information provided by you in that conversation, the decision(s) that you are now seeking to appeal are not new decisions that would give rise to a new appeal. Any decision(s) on the issue of Mr. Johnson's level of care that were rendered prior to the August 25, 2006 hearing on that same issue, could have been argued at that hearing, if you had attended.

If Mr. Johnson's condition has changed, you or the facility may request a new assessment.

If there are any questions, you may contact me at 800-763-9087.

Sincerely,

Vastine G. Crouch
Vastine G. Crouch
Acting Director

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL C JOHNSON
PO BOX 115
WATERLOO S C 29384
(06-U-169)vgc

COMPLETE THIS SECTION ON DELIVERY

A. Received by: *Michael Johnson* ☐ Agent ☐ Addressee

B. Received by: *Michael Johnson* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. POSTAGE AND FEE *1001 0360 0002 6886 8203*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

February 9, 2007

Robert M. Kerr
Director

The Honorable J. Gresham Barrett
U.S. House of Representatives
Third District of South Carolina
Post Office Box 4126
Anderson, South Carolina 29622

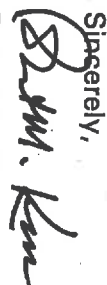
Dear Representative Barrett:

This letter is in response to your inquiry referencing your constituent, S. Conway Johnson, dated January 12, 2007. The information below outlines the sequence of events in this matter.

On March 8, May 16 and July 6, 2006, staff of the Martha Franks Retirement Center requested the SC Department of Health and Human Services (SCDHHS) evaluate Mr. Johnson for Medicaid sponsorship of his care in their facility. Three SCDHHS nurses from both the Greenwood Community Long Term Care office (CLTC) and SCDHHS state office visited with Mr. Johnson, spoke with his caregivers, his treating physician and reviewed his chart. On each occasion SCDHHS concluded that Mr. Johnson was medically ineligible for Medicaid sponsorship in a long term care facility. The third evaluation also included a SCDHHS physician consultant.

Mr. Michael Johnson, Mr. Conway Johnson's son, appealed SCDHHS' decision and a hearing was scheduled for August 25, 2006, in the SCDHHS Greenwood CLTC offices. Greenwood CLTC staff, as well as SCDHHS state office staff, attended this hearing. No one appeared for Mr. Johnson, and the appeal was consequently dismissed. Mr. Johnson's son has been advised that he or the staff at Martha Franks can request a new evaluation should his father's condition change.

If the Department can be of any further assistance to you or your constituents, please feel free to contact us. Thank you for your support of the Medicaid program.

Sincerely,

Robert M. Kerr
Director

RMK/wcm

Log 466
